



Franklin Central High School Marching Band 2026



COMMITMENT AGREEMENT

As the student and parent/guardian, I understand:

- Marching band is only successful if all students are present and participating at the highest level during all practices and performances.
 - Attendance at all practices and performances is required.
 - Being on time to all practices and performances is required. Scheduled practice times mark the start and end of instruction. Most students will need to arrive 15 minutes prior to the start of the scheduled practice time and will be able to leave 15 minutes after the scheduled practice time.
 - If a student misses a practice for any reason or is regularly excusing themselves from practice to sit on the sidelines without a verified doctor’s note, they may not be permitted to perform with the group at the next performance event. This may be for safety reasons or disciplinary measures. Missing or sitting out of more than two practices without a doctor’s note may result in the student being removed from the group.
 - Absences due to illness or injury must be verified by a doctor’s note. Students with injuries preventing participation are required to attend practice in an observational capacity, if physically able, to ensure they do not miss information.
 - All absences will be handled on a case-by-case basis by the band directors. If more than one unexcused absence occurs, it is possible a student may be removed from the group.
- Participation in fundraisers for the group is required.
- These policies follow similar guidelines with the Franklin Central High School Athletic Department.
- **STUDENTS:** Your parents/guardians are busy adults. It is not their job to “hand hold” you through your high school career, but rather to guide your progress as a young adult. It is ultimately your responsibility to uphold the above policies as a member of the marching band.

By signing and submitting this form, the student AND parent acknowledges their understanding of all policies and procedures for the marching band, and will serve as a productive member of the group.

Student Name: _____

Grade: _____

Student Signature: _____

Date: ____-____-____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: ____-____-____



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CONTACT INFORMATION

Student

Full Name: _____ 26-27 Student Grade: _____

School Email: _____@ftstudent.org Graduation Year: _____

Address: _____ School: _____

City: _____ Birthday: _____

Zip: _____ T-Shirt Size: _____

Student Phone: _____ Guardian Emergency Phone: _____

Guardian 1 (Each guardian must have a separate email)

Full Name: _____

Email: _____

Phone: _____

Address: _____

Guardian 2 (Each guardian must have a separate email)

Full Name: _____

Email: _____

Phone: _____

Address: _____

Guardian 3 (Each guardian must have a separate email)

Full Name: _____

Email: _____

Phone: _____

Address: _____

Guardian 4 (Each guardian must have a separate email)

Full Name: _____

Email: _____

Phone: _____

Address: _____

----- LEAVE THE 'UNIFORM INFORMATION' SECTION BLANK -----

UNIFORM INFORMATION

*This information is used to fit students into a uniform. Measurements will be made by parent volunteers.
Snare Drum and Tenor Drum members will need their carrier to determine accurate measurements!*

Glove Size: _____ Shoe Size: _____ Height: _____

Chest: _____ Waist: _____ Hips: _____

Wrist: _____ Arm: _____ Inseam: _____

Student Name: _____

Parent Name: _____

Emergency Number: _____ - _____ - _____



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MEDICAL INFORMATION

Primary Care Physician Name: _____

Primary Care Physician Phone: _____

Insurance Company Name: _____

Allergies (food, environmental, and/or medication-related):

Routine Medication(s):

Health Concerns (conditions or disabilities):

Over the counter medication exclusions:

I give permission for the chaperones, staff, or parent volunteers to provide over the counter medication (e.g., Tylenol, Advil, Benadryl, etc.) to my child.

- YES
 NO

I hereby give permission for emergency treatment of my child and understand I will be responsible for all charges not covered by insurance.

- YES
 NO

Parent/Guardian Signature: _____

Date of Medical Consent Authorization: _____

Parent/Guardian Name: _____ Student Name: _____



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VOLUNTEER INFORMATION

Volunteer Preference:

- Chaperones
- Uniforms (fitting, sewing, washing)
- Food (preparing, serving, donating)
- Transportation (driving box trucks, semi-trucks, etc.)
- Spirit (decorating hallways, preparing/donating to goodie bags, etc.)
- The Group's Greatest Area(s) of Need
- Other
- I do not wish to volunteer at this time.

Other Volunteer Interests?: _____

Do you have a CDL License?

- Yes
- No

If YES, are you interested and available in pulling our semi-trailer?

- Yes
- No
- Not applicable

If NO, do you have an interest in earning a CDL?

- Yes
- No

Have you completed the FTCSC SafeVisitor background check? All volunteer activities, including those listed above, and volunteering at any of our hosted events, require an FTCSC-specific background check.

- Yes
- No

(NOTE: Volunteers are needed and appreciated in all areas of the band program, but please note that volunteering for any of the above activities/areas does not fulfill your Event Volunteer Commitment in the Marching Band Financial Agreement.)